

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 1 2 - 0 0 8	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 8401 of the Affordable Care Act that amends section 1902(a) of the Social Security Act.		7. FEDERAL BUDGET IMPACT: a FFY 2012 \$ 884,115 - 0 b FFY 2013 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.46 Pages 1, 2 and 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 4.46 Pages 1, 2 and 3	
10. SUBJECT OF AMENDMENT: This amendment affects provider screening and other enrollment requirements under Medicaid.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Nancy V. Atkins</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Nancy V. Atkins, RN, MSN, NP-BC			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 4-30-12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 4-30-12		18. DATE APPROVED JUL 27 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis T. McCullough</i>	
21. TYPED NAME: FRANCIS T. MCCULLOUGH		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS: #7 per State and CO expert, pen and ink change allowed to reflect fiscal budget impact for this SA-12-008.			